



Town of Holbrook
Board of Health
50 North Franklin Street
Holbrook, Massachusetts 02343

Tel: 781-767-3030
Fax: 781-767-9562

Application for Permit to Operate a Food Establishment

Fee: \$150.00—No permit shall be issued until fee is received

Date: _____

Name of Establishment: _____

Address of Establishment: _____

Type of Establishment: _____

Business Phone Number: _____

Days & Hours of Operation: _____

Name or Title of Applicant: _____

Name of Owner & Phone Number: _____

Mailing Address (if different from the establishment): _____

If a corporation or partnership, give name, title, address, and phone number of partners: _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

If a restaurant- number of seats: _____

Person trained in anti-choking procedures (if 25 seats or more) _____

Name of person(s) certified in ServSafe as required under the Food Code (Please attach certificate(s)): _____

Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Be sure to verify compliance with all Federal, State and Local regulations.

**By signing below, I understand to the above, agree and to the best of my ability comply with the terms
